



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

Continuing Professional Development Guide

Service
Integrity
Respect
Compassion
Collaboration

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical Trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

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Message from the Chair

Fellows of the College have shown a strong commitment to lifelong learning, evident through the achievement of 100% CPD compliance by those participating in the RACS program. Through this dedication to on-going professional development, Fellows have clearly demonstrated their willingness to uphold the highest standards of self-regulation to the governing authorities, colleagues, patients and to the broader community.

CHANGING THE CULTURE OF SURGERY THROUGH EDUCATION

Over the past eighteen months we have been challenged as a profession to take an in-depth look at our work practices, beyond that of our surgical skills and delivery of patient care. The results from the 2015 survey of Fellows, Trainees and International Medical Graduates into bullying, discrimination and sexual harassment has clearly demonstrated the need to reflect on how we engage with our peers and to show leadership in guiding meaningful cultural change.

A key pillar in the College's response to this is a commitment to increasing education and training, and to improving the support offered to colleagues in need. While there will be a focus on ensuring supervisors, heads of departments and educators are well supported in training and mentoring the next generation of surgeons; it is incumbent on us all to undertake basic training in bullying, discrimination and sexual harassment and to set a baseline for acceptable behaviour throughout the profession.

CHANGES TO THE CPD PROGRAM

In reviewing the program, the Professional Standards Committee has been keen to ensure that any changes to the program are kept to a minimum, with feedback suggesting that the transition to an annual program has been successful. The changes that are being introduced from 2017 are largely to support the implementation of recommendations from the Expert Advisory Group and to ensure that the program is aligned with the standards articulated by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ).

The key changes to the CPD Program from 2017 are:

- All active Fellows must complete the RACS 'Operating with Respect' eLearning module before the end of 2017
- All active Fellows must participate in at least one reflective practice activity per annum. For 2017, this is the RACS 'Operating with Respect' eLearning module
- Fellows in non-operative (consulting only) practice are required to undertake a peer reviewed audit of their practice each year (e.g. peer review of three reports)

The RACS 'Operating with Respect' eLearning module is available at www.surgeons.org and is free. The module takes approximately 45 minutes to complete and participation will be automatically recorded in CPD Online under Reflective Practice (Category 4).

RACS PORTFOLIO

The College is conscious of the increasing workload faced by Fellows and continues to look at ways to streamline reporting of CPD participation. One way we are reducing the burden of CPD administration is by requiring providers of 'RACS CPD approved' activities to report attendance directly to the College. The College will update this information into each Fellow's CPD Online and if selected to verify, Fellows will not be required to provide any supporting documentation against these activities. Attendance information will be viewable within two weeks of the activity being held and Fellows can review this information at any time via their RACS Portfolio - www.surgeons.org.



Dr Cathy Ferguson FRACS

*Chair, Professional Development
& Standards Board*

Dr Lawrie Malisano FRACS

Chair, Professional Standards Committee

Overview

All active Fellows are required to participate in the RACS CPD Program or an approved alternative CPD Program¹. The program has been developed in consultation with the Fellowship and specialty societies, recognising the importance of ensuring a program that is workable for Fellows but also sufficiently rigorous to meet the requirements of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ). The CPD Program has been designed to provide Fellows with a framework that supports all stages of their career including operative practice, non-operative clinical consulting, surgical assisting and non-consulting practice.

AIMS

The aims of the CPD Program are:

- To advance the individual surgeon's knowledge, skills, competence and behavioural awareness for the benefit of patients
- To encourage a culture of life-long learning that promotes collaboration, peer review and reflective practice
- To provide Fellows of the College with evidence of compliance with the CPD Program through an annual Statement of Compliance

SCOPE OF PRACTICE

Fellows are required to participate in CPD that is relevant to their scope of practice² and which is based on their actual clinical practice and workplace setting³. Quality activities are those which are evidence-based, formative in nature and profession-led⁴, including practice-based reflective elements such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning.⁵

Fellows selected to verify their CPD participation will be assessed against their practice requirement and their scope of practice.

¹ See Page 20 for list of approved programs.

² [Mandatory Registration Standards](#) (Medical Board Australia)

³ [Vision and Principles for Recertification of Doctors in New Zealand](#) (Medical Council of New Zealand)

⁴ Ibid.

⁵ [Mandatory Registration Standards](#) (Medical Board Australia)

SURGICAL SUPERVISORS, TRAINERS, IMG CLINICAL ASSESSORS & TRAINING BOARD/EDUCATION COMMITTEE REPRESENTATIVES

RACS is committed to delivering on all recommendations from the Expert Advisory Group into Discrimination, Bullying and Sexual Harassment (DBSH). To support education and training in this area, all Fellows must complete the 'Operating with Respect' eLearning module before the end of 2017.

In addition to the eLearning module, Fellows who are a supervisor of an accredited training post, Trainers, IMG Clinical Assessors or Training Board and/or Education Committee representatives must also undertake the following:

Position	Requirement	Deadline
Surgical Supervisors IMG Clinical Assessors	<ul style="list-style-type: none"> Attend training in adult education principles (the Foundation Skills for Surgical Educators course or approved comparable training) 	31 January 2018
Training Board/Education Committee Representatives	<ul style="list-style-type: none"> Advanced training in preventing discrimination, bullying and sexual harassment (DBSH) 	31 December 2018
Trainers	<ul style="list-style-type: none"> Attend training in adult education principles (the Foundation Skills for Surgical Educators course or approved comparable training) 	31 January 2018

RACS will offer the Foundation Skills for Surgical Educators course and advanced training in preventing DBSH free of charge throughout metropolitan, rural and regional Australia and New Zealand, with priority given to those with a requirement to attend. Further information about these requirements can be found on page 21 of this Guide.

Participation in the activities delivered by RACS will be automatically uploaded into CPD Online. Compliance with the requirement will be monitored by the RACS Education Board and the Board of Surgical Education and Training.

Fellows involved in education are also encouraged to attend other courses that support skills in providing feedback, team building and managing poor performance including:

- Supervisors and Trainers for SET (SAT SET)
- Non-Technical Skills for Surgeons (NOTSS)
- Keeping Trainees on Track (KTOT)

For further information on these courses, please contact the Professional Development Department at PDactivities@surgeons.org

RACS COMPETENCIES

Competence refers to the abilities needed to practice effectively within a defined scope and context⁶. The College has identified the nine competencies⁷ of a surgeon as being:

Collaboration and Teamwork
Communication
Health Advocacy
Judgement - Clinical Decision Making
Management and Leadership
Medical Expertise
Professionalism and Ethics
Scholarship and Teaching
Technical Expertise

Participation in competency based CPD includes identifying learning needs, undertaking educational activities, applying new knowledge and skills in practice and reflecting on improvement. Fellows are expected to regularly review their CPD activities and ensure participation in a breadth of activities that reflects the competencies of a surgeon, including those that take into consideration both individual and system related factors.

⁶ Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.

⁷ [Surgical Competence and Performance Guide](#) (Royal Australasian College of Surgeons)

UPDATING & AUTOMATIC UPLOAD OF PARTICIPATION IN CPD ONLINE

RACS Portfolio

Fellows can enter activities into CPD Online at any time throughout the year through a customised RACS Portfolio. The Portfolio has been designed to work responsively across all platforms (i.e. phone, tablet, desktop) and can be accessed at www.surgeons.org. Further information and frequently asked questions about CPD Online can be found on page 24 of this Guide.

Automatic Upload of CPD Points

The College has been working with education providers to develop a process that automatically populates attendance at RACS CPD approved activities into CPD Online. From 2016, Fellows can expect their attendance at activities approved by RACS to be populated in CPD Online within two weeks of attendance. Activities that have been automatically uploaded will also be automatically verified on a Fellow's behalf, if they are selected for verification.

Any education provider can apply for CPD approval and we would encourage Fellows attending activities that are not approved to ask the provider to contact the College. You can find a list of approved activities in the Educational Events tab in the RACS Portfolio at www.surgeons.org.

Annual Transcript

At the end of each year, Fellows will have access to a transcript of their CPD activities that have already been entered in their CPD Online, including a chart showing how these activities track against the RACS competencies. Fellows are asked to review the transcript and enter any additional activities to their CPD Online before finalising and submitting to the College. **The deadline for CPD is 28 February.**

Compliance

As an on-going requirement for registration in Australia and New Zealand, all Fellows must comply with the CPD Program. Once all requirements are finalised, Fellows will be issued with the annual Statement of Compliance.

Non-compliance with CPD is regarded as a breach of the Code of Conduct and will trigger a response as outlined in the College's Sanctions Policy⁸. All Fellows should be aware that the ultimate sanction under this policy is loss of Fellowship including notification to the appropriate registration authority.

⁸ [Sanctions Policy](#) (Royal Australasian College of Surgeons)

Program Requirements

Fellows should select a type of practice that best reflects their work. As it is important that Fellows maintain the same standards of surgical care regardless of hours worked, the requirement is the same for Fellows working in full and part time practice. Fellows should ensure that the majority of their CPD activities relate to their specific scope of practice.

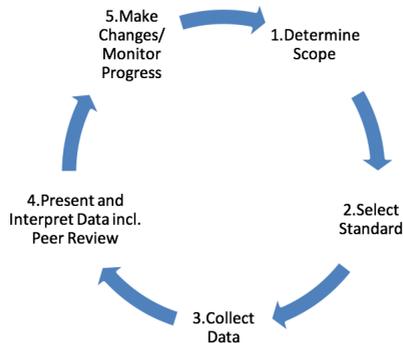
Type of Practice	Annual Requirement
Operative practice in hospitals or day surgery units	<ul style="list-style-type: none"> • Undertake a peer reviewed Surgical Audit and participate in ANZASM where available • Accrue at least 10 points in Clinical Governance & Quality Improvement • Accrue at least 50 points in Maintenance of Knowledge & Skills • Participate in at least one activity in Reflective Practice
Operative procedures in rooms only	<ul style="list-style-type: none"> • Undertake a peer reviewed Surgical Audit and participate in ANZASM where available • Accrue at least 50 points in Maintenance of Knowledge & Skills • Participate in at least one activity in Reflective Practice
Operative practice as a locum only	<ul style="list-style-type: none"> • Undertake a peer reviewed Surgical Audit and participate in ANZASM where available Note: If a peer reviewed audit is not available, maintain a logbook of surgical procedures in MALT and present this to the Locum Evaluation and Peer Review Committee • Accrue at least 50 points in Maintenance of Knowledge & Skills • Participate in at least one activity in Reflective Practice
Clinical consulting practice only	<ul style="list-style-type: none"> • Undertake a peer reviewed Audit of Practice • Accrue at least 50 points in Maintenance of Knowledge & Skills • Participate in at least one activity in Reflective Practice
Surgical assisting or other non-consulting practice	<ul style="list-style-type: none"> • Accrue at least 30 points in Maintenance of Knowledge & Skills • Participate in at least one activity in Reflective Practice

Surgical Audit & Peer Review

CATEGORY ONE: SURGICAL AUDIT AND PEER REVIEW

All surgeons in operative or clinical consulting practice are required to participate in an audit each year and submit the audit for peer review.

Clinical audit is an integral and routine part of health care, with the results of the clinical audit program feeding back into the service to give improved quality of care for patients⁹. Audit participation should directly relate to a surgeon's scope of practice and include the following cycle:



The College has developed comprehensive guidelines for audit and peer review and recommends all Fellows use the guide to review their practice. The Surgical Audit and Peer Review Guide is available on the College website¹⁰.

Fellows can participate in a range of audits to meet their CPD requirement including:

- Focused Audit
- Group Audit (incl. Clinical Unit Audit)
- Selected audit from surgical practice
- Total/Practice Workload Audit
- Peer Review of Reports (non-operative Fellows only)

For further information about participation in peer reviewed audit, please see page 24 of this Guide.

⁹ [Guidelines for Clinical Audit](#) (Royal College of Surgeons in Ireland)

¹⁰ [Surgical Audit and Peer Review Guide](#) (Royal Australasian College of Surgeons)

Australian and New Zealand Audit of Surgical Mortality (ANZASM)

All Fellows who have a death of a patient under their care are required to participate in an ANZASM (where there is an audit available). Participation in ANZASM is defined as **‘Completion of all surgical case forms sent to the surgeon by ANZASM within two months of receiving the form’**.

The following audits have been established as part of the Australian and New Zealand Audit of Surgical Mortality:

- Australian Capital Territory Audit of Surgical Mortality (ACTASM)
- Collaborative Hospitals Audit of Surgical Mortality (CHASM) (in NSW)
- Northern Territory Audit of Surgical Mortality (NTASM)
- Queensland Audit of Surgical Mortality (QASM)
- South Australian Audit of Perioperative Mortality (SAAPM)
- Tasmanian Audit of Surgical Mortality (TASM)
- Victorian Audit of Surgical Mortality (VASM)
- Western Australian Audit of Surgical Mortality (WAASM)

With the exception of CHASM in NSW, participation in ANZASM is automatically updated in a Fellow’s CPD Online and verified by the College. Fellows operating in NSW are required to self-report their compliance and verify their participation when requested. At this time there is no ANZASM audit available in New Zealand.

Clinical Governance & Quality Improvement

CATEGORY TWO: CLINICAL GOVERNANCE & QUALITY IMPROVEMENT

The Professional Development and Standards Board encourage Fellows to take a proactive approach to clinical governance opportunities at the local level. The clinical governance framework includes a number of elements that take place in a continuous quality improvement environment such as clinical audit, clinical effectiveness, clinical risk management, organisational and staff development, patient and carer experience and information management. Within this framework, these elements combine to create an environment in which clinicians have the required skills and knowledge to provide safe and quality care to patients.

Clinical governance activities generally attract 1 point per hour and can include:

- Hospital or clinical meetings that focus on improvements in clinical care
- Meetings reviewing adverse events and instituting action to remedy systemic faults
- Meetings with hospital managers/administrators that contribute to improved clinical management of patients
- Activities related to organisation or review of surgical services
- Completion of ANZASM surgical case form (1 point per form)
- Completion of ANZASM first line assessor form (2 points per assessment)
- Completion of ANZASM second line assessor form (4 points per assessment)
- Participation in annual individual and/or department performance review (max. 2 points per annum)
- Participation in the Trauma Verification Program as a reviewer (max 5 points per annum)
- Hospital committee meetings (e.g. Credentials, Complaints, Ethics, Infection Control, Competence Review Committee)

Maintenance of Knowledge & Skills

CATEGORY THREE: MAINTENANCE OF KNOWLEDGE AND SKILLS

Surgeons are responsible for maintaining their skills, knowledge and competence which includes developments in their area of practice, as well as advances in clinical and medical science. These requirements can be met by attendance at scientific meetings and workshops directed at maintaining and enhancing knowledge and skills and other self-directed learning activities. Fellows should attend activities that span the range of College competencies.

Attendance at meetings/seminars/workshops/courses normally attracts 1 point per hour and includes:

- Scientific meetings (e.g. the College ASC, Regional ASMs, Specialty Society ASMs)
- Courses/workshops that focus on professional practice/non-technical competencies (e.g. leadership, teamwork, communication skills, teaching/supervision skills etc.)
- Courses that focus on technical competencies (e.g. hands-on skills workshops, masterclasses)
- Overseas meetings accredited for CPD by a recognised national body in the country concerned
- Participation in a Masters/Diploma/Certificate course at tertiary institutions (max 20 points per annum)

Other activities in Category Three that attract 1 point per hour can include:

- General teaching activities to trainees, undergraduates, health professionals – including grand rounds, MDM meetings and clinical teaching rounds (max 20 points per annum)
- Teaching on College courses/workshops (max 30 points per annum)
- Supervision of surgical trainees (max 15 points per annum)
- Development of educational materials (max 15 points per annum)
- Acting as an examiner for the College, AMC, Universities or other recognised educational institutions (max 15 points per annum)
- Participation in an ASERNIP-S review, a clinical trial or organised clinical research (max 10 points per annum)
- Volunteer services e.g. Pacific Islands Project, Interplast (max 20 points per annum)

- General activities including journal reading and researching clinical information including digital resources (max 20 points per annum)
- Presentation to surgical/medical peers at a scientific meeting or conference (10 points per presentation, max 20 per annum)
- Publication of a surgical/medical book (30 points per item)
- Publication in a refereed journal, a chapter in a surgical/medical book, or a patient information booklet (15 points per item, max 30 points per annum)
- Acting as a referee for a journal article (5 points per article, max 15 points per annum)
- Peer Review of at least three reports e.g. medico-legal, clinical etc.* (15 points per annum)

**For Fellows in clinical consulting only practice, participation in this activity should be claimed under 'Surgical Audit and Peer Review'.*

Reflective Practice

CATEGORY FOUR: REFLECTIVE PRACTICE

The College is committed to building and supporting a culture of respect and collaboration in surgical practice and education. To support this objective, all Fellows of the College are required to participate in education that promotes self-reflection and champions respectful behaviour. This includes embracing diversity, fostering gender equity, increasing transparency and being open to independent scrutiny and external accountability.

To support this objective, all Fellows of the College are required to participate in the following activities

- Complete the 'Operating with Respect' eLearning module before the end of 2017 (Fellows who complete this in 2016 will have their participation automatically credited for the 2017 CPD year)
- Complete at least one activity from Reflective Practice each year, from 2018 onwards

The College has also developed a range of resources to support Fellows to meet the requirements of Category 4, including an online Learning Plan which is available through the RACS Portfolio. Fellows can also choose to develop their own learning plan.

Other Category 4 activities that focus on a review of professional practice across a range of College competencies include:

- Multisource feedback using a structured framework of surgical competencies e.g. the College's Surgical Competence and Performance Guide
- Surgical or Clinical Attachment with clear learning objectives and self-reflection
- Development of a structured Learning Plan including self-reflection
- Participation in a structured mentoring program
- Patient Feedback Survey including action plan
- Recipient of a structured Practice Visit by a peer with evaluation and action plan
- Participation in a Practice Visit (as a visitor)

For more information about what constitutes a Multisource Feedback, Surgical/Clinical Attachment or structured Practice Visit, please see the Frequently Asked Questions on p27.

Verification

With the College and its Fellows increasingly scrutinised by a number of agencies including medical registration authorities, departments of health, employing bodies and consumer groups, the Professional Development and Standards Board have determined that 7% of Fellows will be audited annually (subject to annual review).

Only those Fellows selected to verify are required to submit supporting material with their annual return. Fellows will be notified of their selection in writing in November each year and must verify their participation via the RACS Portfolio. Fellows selected to verify must have their CPD and supporting documents finalised no later than **28 February**.

AUTOMATIC VERIFICATION OF CPD ACTIVITIES

The College automatically populates activities in a Fellow's CPD online for attendance at RACS events and those activities that have been approved by RACS. Activities that have been populated by RACS are also ***automatically verified*** on the Fellow's behalf and therefore no supporting evidence is required.

All Fellows must complete their CPD and verification online – copies of evidence received by paper will not be accepted. Fellows are strongly advised to review their CPD Online before they begin to collate supporting evidence, as a number of activities are likely to have already been populated and verified, reducing the need to upload additional documents.

Category	Evidence of Participation
<p align="center">Surgical Audit & Peer Review ANZASM</p>	<p>For peer reviewed Surgical Audit:</p> <ul style="list-style-type: none"> • Certificate of participation <i>or</i> • A letter or from the head of department or peer confirming participation • For clinical consulting only – a letter confirming that three reports were peer reviewed <p>For ANZASM:</p> <ul style="list-style-type: none"> • No supporting evidence is required for ANZASM except NSW • Fellows practising in NSW are required to provide a certificate from CHASM confirming participation
<p align="center">Clinical Governance – Quality Improvement, Evaluation Of Patient Care & Professional Advocacy</p>	<ul style="list-style-type: none"> • A letter from the head of department confirming date/s and duration <i>or</i> • Photocopy of first page of minutes of a meeting confirming attendance <p>Note: Surgical Case Forms, ANZASM First and Second Line Assessments are automatically populated and verified.</p>
<p align="center">Maintenance of Knowledge & Skills</p>	<p>A copy of:</p> <ul style="list-style-type: none"> • Certification of Attendance • Conference program detailing presentation • Letter of thanks confirming volunteer service • Letters of appointment to teaching posts, examinations etc.
<p align="center">Reflective Practice</p>	<p>A copy of:</p> <ul style="list-style-type: none"> • Confirmation letter or certification of completion of MSF • Letter from peer confirming participation in a clinical attachment • Copy of learning plan and self-reflective notes • Certificate of Attendance

Exemptions

All Fellows in active practice of any kind are required to participate in the CPD program.

Fellows who are fully retired from all forms of medicine, surgery, medico legal work and other specialist non-procedural and non-clinical work such as surgical administration and academia are not required to participate in the CPD Program.

Exemption from participation in all or part of the program may be granted in certain circumstances and will be considered on application in writing to the Professional Standards Department.

New Fellows who are admitted to the College after 30 October are exempt from participating in the CPD program for that year. Other grounds for exemption may include:

- Ill health
- Family leave or other personal reasons
- Other special circumstances

In accordance with changes to regulatory requirements, Fellows undertaking post-specialty training **are not eligible** for an exemption from the CPD Program. Fellows undertaking training in a second surgical specialty are still eligible for an exemption.

Fellows must apply for an exemption in writing, stating one of the above grounds. Fellows wishing to discuss their circumstances should contact the Professional Standards Department.

Participation in other programs (POP)

Participation in professional development programs offered by other specialist medical colleges and associations may be deemed equivalent to meeting the College's CPD Program requirements. To be deemed equivalent, programs must first be approved by the Professional Development and Standards Board.

Fellows who choose to participate in an alternative CPD Program approved by the College are not required to also participate in the College's CPD Program. On receipt of evidence of compliance with another approved CPD Program, Fellows will be recorded as having completed their CPD requirements.

The CPD programs that have been approved by the Professional Development and Standards Board and deemed equivalent are:

- Australian Orthopaedic Association
- New Zealand Orthopaedic Association
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Obstetricians and Gynecologists
- Royal College of Physicians and Surgeons of Canada

Fellows who wish to participate in other professional development programs or who are participating in a program that is not listed above are advised to contact the Professional Standards Department.

'Let's Operate with Respect' - Requirements

As part of the College's commitment to addressing discrimination, bullying and sexual harassment, all Fellows must complete the Operating with Respect eLearning module. The eLearning module must be completed by 31 December 2017 and will meet the Category 4: Reflective Practice requirement. Fellows who complete the module in 2016 will have this automatically credited to their 2017 record.

In addition to the eLearning module, Fellows who are a supervisor of an accredited training post, Trainers, IMG Clinical Assessors or Training Board and/or Education Committee representatives must also undertake the follow:

Position	Requirement	Deadline
Surgical Supervisors IMG Clinical Assessors	<ul style="list-style-type: none">Attend training in adult education principles (the Foundation Skills for Surgical Educators course or approved comparable training)	31 January 2018
Training Board/ Education Committee Representatives	<ul style="list-style-type: none">Advanced training in preventing discrimination, bullying and sexual harassment (DBSH)	31 December 2018
Trainers	<ul style="list-style-type: none">Attend training in adult education principles (the Foundation Skills for Surgical Educators course or approved comparable training)	31 January 2017

RACS will offer the Foundation Skills for Surgical Educators course and advanced training in preventing DBSH free of charge throughout metropolitan, rural and regional Australia and New Zealand.

For further information about the advanced DBSH training, please contact the Skills Training Department at owr@surgeons.org or +61 3 9276 7486.

For further information about the 'Foundation Skills for Surgical Educators' course, please contact the Professional Development Department at PDactivities@surgeons.org or +61 3 9249 1106.

Professional Standards Contacts

Manager, Professional Standards

Phone: + 61 3 9249 1274

Email: Professional.Standards@surgeons.org

Team Leader, CPD

Phone: +61 3 9249 1292

Email: Professional.Standards@surgeons.org

CPD Verification Enquiries

Phone: + 61 3 9276 7474

Email: CPD.Verification@surgeons.org

Approval of CPD Activities

Phone: + 61 3 9276 7425

Email: CME.Approvals@surgeons.org

Website: www.surgeons.org

Fax: + 61 3 9276 7432

Specialty Society Contacts

<p>Australian and New Zealand Association of Paediatric Surgeons c/- RACS College of Surgeons 250-290 Spring Street EAST MELBOURNE VIC 3002 T: +61 3 9276 7416 E: college.anzaps@surgeons.org</p>	<p>New Zealand Association of General Surgeons Level 3, 8 Kent Terrace WELLINGTON 6011 New Zealand T: +64 4 384 3355 E: info@nzags.co.nz</p>
<p>Australian and New Zealand Society of Cardiac and Thoracic Surgeons Suite 512, East Point 180 Ocean Street EDGECLIFF NSW 2027 T: +61 2 9328 0605 E: info@anzscts.org</p>	<p>New Zealand Orthopaedic Association Level 12, Ranchhod Tower 39 The Terrace WELLINGTON 6011 New Zealand T: +64 (4) 913 9891 E: admin@nzoa.org.nz</p>
<p>Australian and New Zealand Society for Vascular Surgery 250-290 Spring Street EAST MELBOURNE VIC 3002 T: +61 3 9276 7414 E: anzsvs@surgeons.org</p>	<p>New Zealand Association of Plastic Surgeons Level 3, 8 Kent Terrace WELLINGTON 6011 New Zealand T: +64 4 803 3020 E: advice@plasticsurgery.org.nz</p>
<p>Australian Orthopaedic Association Level 12, 45 Clarence Street SYDNEY NSW 2000 T: +61 2 8071 8000 E: admin@aoa.org.au</p>	<p>New Zealand Society of Otolaryngology Head and Neck Surgery Level 3, 8 Kent Terrace WELLINGTON 6011 New Zealand T: +64 4 385 8247 E: nzsohns@gmail.com</p>
<p>Australian Society of Otolaryngology Head and Neck Surgery Suite 403, Level 4, 68 Alfred Street MILSONS POINT NSW 2061 T: +61 2 9954 5856 E: exec@asohns.org.au</p>	<p>Neurosurgical Society of Australasia Suite 5, Level 1, 550 Lonsdale Street MELBOURNE VIC 3000 T: +61 3 9642 4699 E: administration@nsa.org.au</p>
<p>Australian Society of Plastic Surgeons Suite 503, Level 5, 69 Christie Street ST. LEONARDS NSW 2065 T: +61 2 9437 9200 E: info@plasticsurgery.org.au</p>	<p>Urological Society of Australia and New Zealand Suite 512, East Point 180 Ocean Street EDGECLIFF NSW 2027 T: +61 2 9362 8644 E: communication@usanz.org.au</p>
<p>General Surgeons Australia 250-290 Spring Street EAST MELBOURNE 3002 T: +61 3 9276 7452 E: admin@generalsurgeons.com.au</p>	

Frequently Asked Questions (FAQ)

Surgical Audit and Peer Review (Category 1)

What is surgical audit/ Clinical review?

Surgical audit is a systematic, critical analysis of the quality of surgical care that is reviewed by peers against explicit criteria or recognised standards, and then used to further inform and improve surgical practice with the ultimate goal of improving the quality of care for patients.

What constitutes a peer review?

Peer review involves an evaluation of one's work by one's peers. Peers are other surgeons with comparable training and experience. It can often also be helpful to include other non-surgical members of the team in the review group e.g. surgical trainee or senior nursing staff. The review should be conducted in an atmosphere of confidentiality, of trust and teamwork and be seen as an evolving process. A peer review meeting should allow a frank and non-confrontational discussion between colleagues. This discussion should focus on perceived problems and successes, resulting in a practical plan for positive change if needed. Confidentiality of the information used for and resulting from the audit is essential, both from the point of view of the rights of patients and of the individual surgeon. It should reassure those surgeons present that the discussion is a confidential professional peer review.

There are a variety of settings in which a peer review can take place:

Surgeons working together with other specialists in a unit, a hospital or other group:

A unit should review the work of all its surgeons at least once every six months. Some units may choose to do this on a more regular basis but this would be determined by individual circumstances.

Surgeons working as an individual, or head of a single specialist team in a hospital with other specialists also providing surgery in the same institution but where there is no grouping of specialists into a unit:

Peer review involves other surgeons from the same or similar craft group and should take place for each surgeon or surgical team at least once every six months

Surgeons solely responsible for a hospital or region who have no surgical peers of the same grade in their institution:

Such surgeons may need to organise peer review by an occasional visit to or from regionally based colleagues or by teleconference if meeting together is not practicable. A registrar is not a peer of a consultant; however registrars should contribute to audit meetings.

Fellows having difficulty obtaining a peer review of their audit should contact the Professional Standards Department.

<p>What types of audit can I participate in to meet my CPD requirements?</p>	<p>A number of audits meet the RACS CPD requirements including:</p> <p>Clinical Unit Audit: An audit conducted by a clinical unit in which includes a number of individual cases</p> <p>Focused Audit: An audit that collects data on process or outcome indicators, such as those recommended by departments of health</p> <p>Group Audit: An audit conducted under the auspices of a group or specialty society (i.e. clinical unit audit, ANZSVS audit)</p> <p>Selected audit from surgical practice: An audit that covers all patients who undergo a selected procedure or includes all procedures conducted within a selected time-frame where groups of surgeons review cases</p> <p>Total/Practice Workload Audit: An audit which includes all surgical operations performed, enabling patterns and trends in your practice to be observed including caseload, procedures performed and outcomes.</p> <p>Peer Review of Reports (non-operative Fellows only): A peer review of reports involves a review of medico legal (or similar) reports and should be undertaken by peer who works within a comparable scope of practice and specialty.</p>
<p>I don't operate, why do I need to do a peer reviewed audit?</p>	<p>All forms of clinical practice can be subject to audit including consulting only practice and medico-legal reporting. It is important that all surgeons involved in any aspect of patient care regularly review and maintain their competency in accordance with their scope of practice.</p>
<p>How can I verify my audit participation?</p>	<p>Audit participation can be verified by providing one of the following documents:</p> <ul style="list-style-type: none"> • Certificate of participation • A letter of confirmation of participation
<p>I don't have a peer to review my audit, what do I do?</p>	<p>Rural and isolated surgeons and those working in small hospitals should establish geographic or specialty based links with other surgeons to facilitate peer review. It is also possible to organise an anonymous comparison of performance outcomes of surgeons in a region, country or specialty.</p> <p>Fellows having difficulty obtaining a peer review of their audit should contact the Professional Standards Department.</p>
<p>We discuss patient files all the time, sometimes informally; can this be counted as a peer reviewed process?</p>	<p>Surgical audit is a systematic, critical analysis of the quality of surgical care that is reviewed by peers against explicit criteria or recognised standards. While an audit can be done between two surgical colleagues outside of a formal setting, it is important that the data is reviewed in accordance to established criteria and that a process of identifying and managing outliers is in place.</p>

Frequently Asked Questions (FAQ)

Clinical Governance & Quality Improvement (Category 2)	
What activities can I claim in category 2?	Activities with a focus on improved clinical outcomes such as clinical audit, clinical effectiveness, clinical risk management, organisational and staff development, patient experience and information management. This can include M&M meetings, pathology/x-ray meeting, hospital management meetings focused on improving patient care etc.
I work in private practice only and don't have access to regular peer meetings	<p>Most private hospitals where surgeons practice have regular meetings that review patient care and other clinical governance issues.</p> <p>Fellows can also meet this requirement by completing first and second line assessments for ANZASM.</p>
I am an isolated surgeon, how can I complete this activity?	<p>Rural and isolated surgeons and those working in small hospitals should establish geographic or specialty based links with other surgeons. Your specialty society may be able to assist in putting you in touch with colleagues.</p> <p>Fellows can also meet this requirement by completing first and second line assessment forms with ANZASM.</p>
I am a locum surgeon and my procedures are included in the hospital/s where I work. Do I still need to attend clinical governance meetings?	All operative surgeons should actively participate in clinical governance meetings. While this is not a mandated requirement for Fellows in locum practice, it is expected that they maintain contact with hospital/peers to address outliers where identified.
Maintenance of Knowledge and Skills (Category 3)	
Why are some activities capped when I spend so many hours doing it (i.e. teaching/supervising)?	Participants are expected to undertake a variety of CPD across the RACS competencies in accordance with their scope of practice. This includes technical skills and non-technical skills across a variety of learning settings (i.e. small group, conferences, hands-on skills courses).
What is the difference between hours and points?	Some CPD activities are awarded points on an hourly basis (i.e. clinical governance meetings, conferences) while other activities are allocated a set amount of points on completion (i.e. ANZASM case forms, peer review of reports). Please refer to the CPD Guide for more information.

Reflective Practice (Category 4)

What is reflective practice?	Reflective practice involves reflection on an action or event to support engagement in a process of life-long continuous learning. For the purposes of CPD, this is usually a structured process which can include a learning plan or evaluation of patient feedback with an action plan.
Why has reflective practice been included in CPD?	Reflective practice has been included to encourage Fellows to champion respectful behaviour, embrace diversity, foster gender equity and be open to independent scrutiny and external accountability. The MCNZ standards require a component of reflective practice and the MBA is increasingly promoting this as a central part of on-going CPD.
Why is the 'Operating with Respect' eLearning module mandatory?	This module aims to help you improve your knowledge and understanding of unacceptable behaviours, enabling you to recognise when they occur and the adverse impact these have on individuals, team performance and patient safety. It is mandatory as part of your CPD requirements and can be completed via the RACS website www.surgeons.org
How often do I have to complete an 'Operating with Respect' eLearning module?	All CPD participants must complete the eLearning module in 2017. Those who have completed it in 2016 will have this automatically populated in their CPD Online for 2017 and do not need to complete it again. Surgical supervisors, Trainers, IMG Clinical Assessors or Training Board and/or Education Committee representatives have additional requirements which are outlined on page 20.
How will you know I have met this requirement?	Once you have successfully completed the module you will be able to print a certificate. Your CPD Online will also be updated within two weeks and will show a green tick against Category 4: Reflective Practice.
How do I complete a learning plan?	<p>A learning plan involves establishing your learning goals or gaps in knowledge; identifying and attending education or training that would support learning in this area and reflecting on how participation in these activities has influenced improvement to your practice.</p> <p>RACS offers an online learning plan that is linked to the nine surgical competencies. Using the RACS learning plan, as your activities are entered into CPD Online, these will also automatically populate your learning plan. Once you have completed the reflective component, points will be automatically uploaded into your CPD Online without need for further verification. Alternatively you can access a number of generic learning plan templates online.</p>

Frequently Asked Questions (FAQ)

Verification	
Why do you request third party confirmation when I am being verified?	Third party confirmation is requested to ensure the validity of the information provided. It is a requirement of the CPD program that Fellows must be able to supply evidence in case of an audit.
I am the Head of Department, how do I verify my participation if audited?	A colleague present at the meeting can confirm your participation or a letter from management/administrators is also acceptable if you work in a hospital setting.
I'm being verified and can't find my certificate of attendance for a conference. What else can I provide to verify my attendance?	A confirmation email from the organiser confirming would be sufficient to verify your attendance.
What is the likelihood of me being selected for an audit if I recently participated in one?	All Fellows can be selected to verify their CPD participation. Fellows who have successfully verified are ineligible for random selection again for at least three years.
General Questions	
I do surgical assisting and attend a number of committee/board meetings. Are there any other categories these meetings will fit in?	Fellows who do not have a clinical governance requirement can claim participation under Category 3: Maintenance of Knowledge and Skills.
I am retired but would still like to write prescriptions for close family members, do I have to do CPD?	Yes, all Fellows who maintain medical registration must participate in CPD.

Accessing CPD Online/RACS Portfolio

My CPD record shows I have an outstanding ANZASM case, but I have completed all forms I've received. Where can I go to get help?	<p>You should contact your local ANZASM office:</p> <p>ACTASM +61 2 6285 4558 or actasm@surgeons.org NTASM +61 7 3249 2903/+61 8 8922 8249 or ntasm@surgeons.org QASM +61 7 3249 2903 or qasm@surgeons.org SAAPM + 61 8 8219 0914 or saapm@surgeons.org TASM +61 3 6223 8848 or tasm@surgeons.org VASM +61 3 9249 1153 or vasm@surgeons.org WAASM +61 8 6389 8650 or waasm@surgeons.org CHASM (NSW) +61 2 9269 5530 or CEC-CHASM@health.nsw.gov.au</p>
How do I finalise my CPD?	<p>In your RACS Portfolio, click on 'My CPD' and then click 'Finalise my CPD'. Note you will not be able to finalise your CPD until you have met the minimum requirements for that practice type.</p>
I have finalised my CPD but now it has disappeared. Has it submitted?	<p>Yes. Once you click the 'Finalise your CPD' button the page will refresh and direct you to the next year of CPD. To view your previous year, click 'My CPD' then click the drop down box next to 'My CPD Summary' and you can select the year you would like to view or enter CPD.</p>
I can't login, where do I go to get help?	<p>If you have previously logged in to the College website and are now having difficulty logging in, please attempt to reset your password by clicking Forgotten password.</p> <p>If you have never logged in to the College website or have further difficulties accessing the website please contact our Helpdesk on help_desk@surgeons.org or call +61 3 9276 7417.</p>

References

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